



PRIMARY HEALTH SERVICES CENTER • ADMINISTRATIVE OFFICE

2913 Betin Avenue • Monroe, LA 71201

Phone: (318) 388-1250 • Fax: (318) 388-0948

INFORMED CONSENT TO PARTICIPATE IN TELEMEDICINE SERVICES

I understand that I will be receiving health care services through interactive video and/or audio equipment. I understand that at this time, there are no known risks involved in my receiving services through telemedicine and that these services are confidential and my privacy will be carefully maintained. I understand that these services will be delivered through encrypted /HIPAA-compliant videoconferencing that is as equally secure as all electronic medical communication and health records.

I understand that I will be informed of all participants in both the originating site/clinic and the distant site. I understand that my participation in telemedicine is voluntary, but that telemedicine will significantly increase my access to services. I understand that I may refuse to participate or decide to stop participating at any time, verbally or in writing. I understand that my refusal to participate or decision to stop participation will be documented in my medical record.

I hereby consent to participate in receiving medical services by telemedicine under the terms of service described above. I understand this document will become a part of my medical record.

- I agree to participate in and receive medical services by telemedicine.

- I choose not to participate in medical services by telemedicine.

Patient Printed Name

Date

Patient/Guardian Signature

Date

Witness Signature

Date

Patient Name: _____

Medical Record: _____